

# Peer Learning for London

*“Developing social prescribing allies within your PCN”*

Fri 28th May 21



# Plan for today

## JOIN THE CONVERSATION



Scan this QR code with your phone  
or join at **slido.com**  
with **#420084**

To ask questions to speakers  
and join the polls



It is an informal session – talk  
to each other & share  
resources in the chat

TIME	ITEM
12:30	Introductions
12:40	Hear from your peers
1:10	Q&A
1:25	Break out discussion
1:50	Feedback & wrap up
2:00	Close



The presentations will be  
recorded & circulated

# who are your main SP allies in PCNs?

Wordcloud poll

Who do you perceive as the potential allies for social prescribing within your PCN?

019



# Key social prescribing players in the PCN



## CLINICAL DIRECTOR

as a senior person, having your CD on board can open doors to meetings, create a powerful advocate for changes you need to make to your service to ensure it has impact - vital they understand the positive impact of your work



## PCN & PRACTICE MANAGERS

will have an understanding of all the meetings happening and key (senior) people to have on your radar. Concerned with business being delivered consistently and well, they can share positive stories about your work and how it is supporting patients



## GP PARTNERS & SENIOR SP LEADS

still senior, but more accessible than a clinical director, these clinicians will also have levers of influence to affect change within the PCN. some may also have responsibility for social prescribing at a more local, practice level



## RECEPTIONIST & ADMIN STAFF

are a fountain of knowledge about the practice, will know all the people that work in surgery, the frequent attenders, and often be the first to spot where a social issue may be at play with a patient. They are a great direct referral pathway, thus saving GPs time



## GP MENTAL HEALTH LEAD

and or safeguarding leads - not all PCNs or practices will have an active one, but these people could be good sounding boards for your more complex cases and advocates for what are good vs inappropriate referrals



## NURSES & PCN ADDITIONAL ROLES

such as Health and Well Being Coaches, are more likely to have in-depth conversations and uncover social issues patients might be facing, They are a great direct referral pathway, thus saving GPs time

# Key meetings you could be attending

MEETING	FREQUENCY	REASON FOR ATTENDING
<b>Practice</b>	<b>Usually weekly</b>	To keep in touch with all practices and staff building good relationships, getting yourself know. Useful to be armed with good news stories or ideas for a particular opportunity to use SP
<b>PCN</b>	<b>Bi-weekly / Monthly</b>	<ul style="list-style-type: none"> <li>• To understand what is happening across the PCN, what the priorities are, build relationships and be a part of conversations related to the PCN</li> <li>• To present social prescribing outcomes updates, case studies and event ideas</li> </ul>
<b>MDT</b> (e.g. Mental Health, Diabetes, Long term illnesses)	<b>Depends on GP practice / PCN</b>	<ul style="list-style-type: none"> <li>• To discuss patients' case studies from different professional perspectives</li> <li>• To build inter organisational relationships in clinical settings</li> <li>• A great opportunity to offer community based solutions and share your knowledge of local services</li> </ul>
<b>Voluntary sector networking</b>	<b>look into what is happening locally</b>	As a social prescriber, your knowledge of the local services is your currency, networking events organised by your local CVS or voluntary sector leaders are a great way to meet lots of organisations in one go!

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# Top tips to develop social prescribing allies in your PCN

## Get known within your PCN:

- Shadow various people and invite them to shadow you
- Book 1:1 time with at least one GP per practice, so that they can then act as an SP champion/ advocate
- Tour your surgeries and establish face to face contact, and pick up the phone where possible
- Use internal EMIS communication to remind GP practice staff about the service and how to refer, sharing information of new projects/ services you can support patients with accessing
- Think creatively about how to get known – e.g. offer training GP staff on SP service, make a short video recording explaining what you do (example in Enfield: <https://youtu.be/R9LpZ70hSWw>), personalise mugs with criteria for target S referrals!
- PERSEVERE despite being ignored or misunderstood!



## Support your PCN in navigating community support:

- Attend local VCSE networking events to ensure you are up to date with services – this is why the NHS hosts your position
- Get yourself invited to key practice and MDT meets to showcase your role and support with community connections that might help tricky cases
- Share useful community resources with GP staff; create mini local directory of services. eg. contact numbers for CAB, food vouchers, community centres, locals walks etc & send a monthly service update newsletter highlighting 3 relevant items



## Collate and share the impact of your work:

- Give feedback to referrers on positive outcomes of the work you are doing with patients
- Create case studies to share with practice staff to illustrate the nature and power of your work
- Use social prescribing to solve a practice problem, i.e. targeting frequent attenders at the surgery – tell GPs how much time you have saved them!
- Use data to both target specific patients, but also to speak about the need of patients and the nature and impact of your work



# small group peer discussions...

**You will have 20 mins to discuss the following questions:**

1. Do I have Social Prescribing allies within my PCN? What is their perception of Social Prescribing? Why they are interested in Social Prescribing?
2. Who could become an ally within my PCN and how could I support the process?
3. What are your 3 most important challenges to develop/maintain allies within my PCN
4. What 3 ideas do I have to develop/ maintain allies within my PCN
5. Who could support me in this work (directly and indirectly)?
6. What other questions do I have or resources might I need from my peers / other SPLWs?

**We will come back at 1.45pm - we will not have time to hear from all, but have a couple of your ideas of what you WILL do at the ready!**

# Resources to support you in your work...

**VIDEOS:** Healthy London Partnership have created a number of videos you can look through on their [Social Prescribing YouTube channel](#) (scroll down). One relevant to justifying your presence at MDT's: <https://youtu.be/tITmKqkOhxo>

## **SP GUIDE or LEAFLETS:**

South Southwark have prepared a fantastic Social prescribing guide for referring practitioners and many SPLWs have leaflets for their service

## **PRESENTATION FOR YOUR PCN:**

NHSE (and other SPLWs) have pre prepared a presentation on social prescribing for your PCN that you can personalise

## **EXAMPLE CASE STUDIES:**

Look at examples of patient case studies on FutureNHS Collaboration platform and NHSEs page on case studies: <https://www.england.nhs.uk/personalisedcare/social-prescribing/case-studies/>

## **TRAINING:**

Speak to your practice manager, service manager or local training hub to ask for additional training in your GP systems - how to run reports etc, but also for what training might be available for your practice staff on social presbing and how to get the most out of it

**FUTURE NHS COLLABORATION PLATFORM LONDON REGION:** [here](#) you can find information relating to Social Prescribing activities in London, local SP events, and join in with discussions and ask questions.

**LONDON SOCIAL PRESCRIBING NEWSLETTER:** All issues of the Newsletter are available [here](#).

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